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## APPLICANTS

Warren L. Vanhout, Saline, MI;

\*\* CONTINUING DATA \*\*\*\*\*

*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/09/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 6	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 10
Verified and Acknowledged Examiner's Signature _____ Initials _____	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

## ADDRESS

27581  
MEDTRONIC, INC.  
710 MEDTRONIC PARKWAY NE  
MS-LC340  
MINNEAPOLIS , MN  
55432-5604

## TITLE

Adjustable cardiac resynchronization

FILING FEE RECEIVED 1980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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